

Case Number:	CM15-0102705		
Date Assigned:	06/05/2015	Date of Injury:	02/12/2013
Decision Date:	07/07/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/28/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55-year-old female, with a reported date of injury of 02/12/2013. The diagnoses include chronic lumbar spine pain with possible L4 radiculopathy, lumbar spine musculoligamentous strain, right knee pain likely due to degenerative joint disease and possible medial meniscal tear, and right patellofemoral syndrome. Treatments to date have included oral medications. The medical report dated 04/27/2015 indicates that the injured worker returned with a lot of complaints which had become extremely complicated since the agreed medical examination (AME). It was noted that no actual physical examination was done on the day of the visit due to time constraints. It was also noted that the specialist recommended an MRI of the right knee and an MRI of the lumbar spine. The Agreed Medical Examination report dated 03/17/2015 indicates that a medical report dated 12/22/2014 indicated that the injured worker had a two-week history of low back pain and right knee pain. The injured worker stated that she developed these additional symptoms as her level of physical demands for her job were increased after she returned to work. The injured worker's current complaints include right shoulder pain with decreased range of motion and stiffness, right wrist pain, lumbar spine pain, and right knee pain. The physical examination showed a normal gait; normal heel-toe walking; forward flexion of the lumbar spine at 40 degrees; extension of the lumbar spine at 20 degrees; mild pain at the base of the lumbar spine at the extremes of range of motion; normal motor exam from L2-S1; intact sensation; negative straight leg raise; mild tenderness to palpation at the base of the lumbar spine; tenderness of the right sciatic notch; no spasm of the lumbar paraspinal musculature; right knee range of motion was 0 to 130 degrees; mild medial joint line tenderness; no lateral joint line

tenderness; no effusion of the right knee; and patellar compression was positive with crepitus. The treating physician recommended an MRI of the lumbar spine to evaluate the discs and the nerve roots due to the description of the lumbar spine pain and radiating pain into the right lower extremity. An MRI of the right knee was recommended to examine the internal structures of the knee, with specific attention given to the meniscus and the articular cartilage as well as the patellofemoral alignment. The treating physician requested an MRI of the right knee without contrast and an MRI of the lumbar spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI (magnetic resonance imaging) Right Knee, without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 347 table 13-6. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg (Acute & Chronic) - MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342.

Decision rationale: This 55 year old female patient has complained of right knee pain and lumbar spine pain since date of injury 2/12/13. She has been treated with medications. The current request is for MRI of the right knee without contrast. Per the MTUS guidelines cited above, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. There is inadequate documentation in the available medical records of a trial of conservative care and observation. Additionally, the position of the American College of Radiology (ACR) in its most recent appropriateness criteria list the following clinical parameters for ordering knee radiographs following trauma (1) joint effusion within 24 hours of direct blow or fall, (2) palpable tenderness over fibular head or patella, (3) Inability to walk (four steps) or bear weight immediately or within a week of the trauma, (4) Inability to flex knee to 90 degrees. The available medical records do not document any of these criteria as being present. On the basis of the above cited MTUS guidelines and the available medical documentation, MRI of the right knee without contrast is not medically necessary.

MRI (magnetic resonance imaging) Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: This 55 year old female patient has complained of right knee pain and lumbar spine pain since date of injury 2/12/13. She has been treated with medications. The current request is for MRI of the lumbar spine. The available medical records show a request for MRI of the lumbar spine without any new patient symptomatology, physical exam findings or

rationale for the above requested testing. Per the MTUS guidelines cited above, radiographic imaging in the absence of documented worsening of symptoms and/ or in the absence of red flag symptoms is not indicated. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, MRI of the lumbar spine is not medically necessary.